



**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM**  
*Committed to Excellence in Health Care*

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On October 1, 1999, AHCCCS began Medicare Crossover for fee-for-service claims with BlueCross/BlueShield of North Dakota, BlueCross/BlueShield of Arizona and BlueCross/Blue Shield of Texas (TrailBlazers). This includes processing fee-for-service Medicare claims for AHCCCS eligible recipients and for QMB only recipients. QMB only recipients are not eligible for AHCCCS but eligible for reimbursement of coinsurance and deductible of Medicare-covered services. If you currently submit your Medicare claims to any of these companies, the claim will automatically be crossed-over to AHCCCS and you will not be required to submit a paper claim to AHCCCS for reimbursement of those services. The exception is if your claim is denied by Medicare or if the claim is adjusted by Medicare

In order to correctly process your Medicare claims the following information must be on file with AHCCCS: Medicare ID number, Medicare Coverage, Intermediary Code and/or Carrier Code, Begin Date and End Date (if applicable).

If you have any questions about submitting the information below, please contact the Provider Registration Unit at (602) 417-7670 (Option 5). If you have questions related to how your Medicare claim is processed, contact the Claims Customer Service Unit at (602) 417-7670 (Option 4).

<b>Medicare ID Number</b>	<b>Medicare Coverage</b>	<b>Intermediary Numeric Code</b>	<b>Carrier Numeric Code</b>	<b>Begin Date (MM/DD/YYYY)</b>	<b>End Date (MM/DD/YYYY)</b>

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(Provider Signature)

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AHCCCS Provider ID Number

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Provider Name (Please type or print only)

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Date

Mail this form to:     AHCCCS Provider Registration Unit  
                                 MD 8100  
                                 701 East Jefferson Street  
                                 Phoenix, AZ 85034

Fax this form to:     AHCCCS Provider Registration Unit  
                                 (602) 256-1474

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